



# Londonwide LMCs' Workforce Survey

Wave 16, November / December 2023

Selected slides

# An Additional Note on Methodology

- **Patients:** In places where we have made reference to an estimated number of patients, figures have been calculated using the list size as provided by member practices. Where these figures are mentioned, we have taken the mid-point of the stated list size to estimate the number of patients in a given category. These figures are an estimation and, particularly where base sizes are small, should be taken as indicative rather than representative.
- **GP positions:** In places where we have made reference to an estimated number of GPs, figures have been calculated using the number of WTE roles for all GP positions, as provided by member practices. Where these figures are mentioned, we have taken the WTE figures provided by respondents to estimate the number of GPs in a given category. These figures are an estimation and, particularly where base sizes are small, should be taken as indicative rather than representative.
- **Non-GP positions:** In places where we have made reference to an estimated number of non-GP staff, figures have been calculated using the number of WTE roles for all non-GP positions, as provided by member practices. Where these figures are mentioned, we have taken the WTE figures provided by respondents to estimate the number of non-GP staff in a given category. These figures are an estimation and, particularly where base sizes are small, should be taken as indicative rather than representative.
- For this wave, rather than marking statistically significantly different changes between the current and first wave of this research per slide, as we have done previously, we have created a slide (4) to show specific changes over time.

# Methodology

The Londonwide LMCs' Workforce Survey was completed by Practice Managers and Principal GPs from member practices across London. This survey was conducted by Savanta on Londonwide LMCs' behalf.

The survey was conducted online between 21<sup>st</sup> November – 4<sup>th</sup> December 2023, with a total of 273 responses from 234 individual member practices from a universe of 1121 practices. This represents a response rate of 21%. The previous waves of this research were conducted between 30<sup>th</sup> May – 20<sup>th</sup> June 2023, 22<sup>nd</sup> November – 12<sup>th</sup> December 2022, 15<sup>th</sup> June - 5<sup>th</sup> July 2022, 29<sup>th</sup> November – 17<sup>th</sup> December 2021, 8<sup>th</sup> June – 27<sup>th</sup> June 2021, 24<sup>th</sup> November – 14<sup>th</sup> December 2020, 18<sup>th</sup> November – 13<sup>th</sup> December 2019, 28<sup>th</sup> May and 21<sup>st</sup> June 2019, 21<sup>st</sup> November and 13<sup>th</sup> December 2018, 6<sup>th</sup> and 25<sup>th</sup> June 2018, 6<sup>th</sup> December 2017 and 5<sup>th</sup> January 2018, 31<sup>st</sup> May and 20<sup>th</sup> June 2017, 25<sup>th</sup> November and 12<sup>th</sup> December 2016, 25<sup>th</sup> May and 10<sup>th</sup> June 2016 and 23<sup>rd</sup> November and 8<sup>th</sup> December 2015.

The data have been weighted so that in total each practice counts as one response. Please note that the quoted base sizes refer to the number of practice responses, rather than the number of individual responses.

Area	# of practices that responded
North East	38*
South West	23*
South East	55
North Central	38*
North West	80
TOTAL	234**

*\*Where the number of practices in a group mentioned in this report is below 50, findings are marked with an asterisk (\*). These results should be treated with caution and should be considered indicative rather than representative. Figures with two asterisks (\*\*) should be treated with extreme caution as they denote a base size of less than 10.*

*\*\*Methodological note on data disparity: in this report, the specified total # of practices that responded (234) can differ slightly from the manually calculated sum of the individual STP area totals. This reflects the rounding used by the survey to accommodate multiple practice responses and is **NOT** an error.*

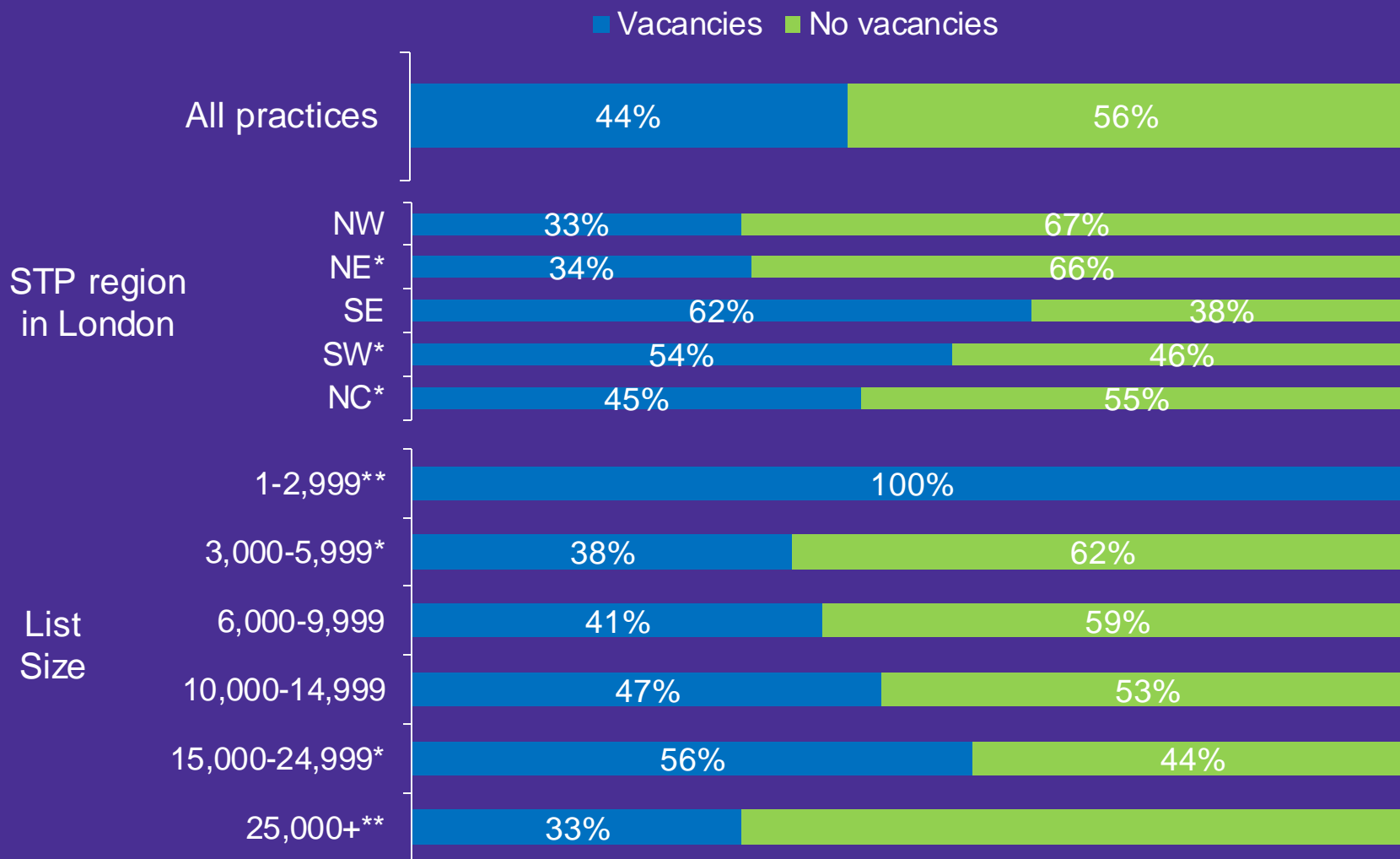
**Over nine in ten practices are PCN members, and just over three in five are training practices. Three in five, respectively, have an active and engaged Patient Participant Group and are a GP federation member practice.**



*In total, 145 of the member practices that took part in this survey say they have an active and engaged patient participation group; in total these practices have approximately 1,602,250 registered patients.*

Q2. Which of the following, if any, applies to the practice? Base: All practices (n= 234)

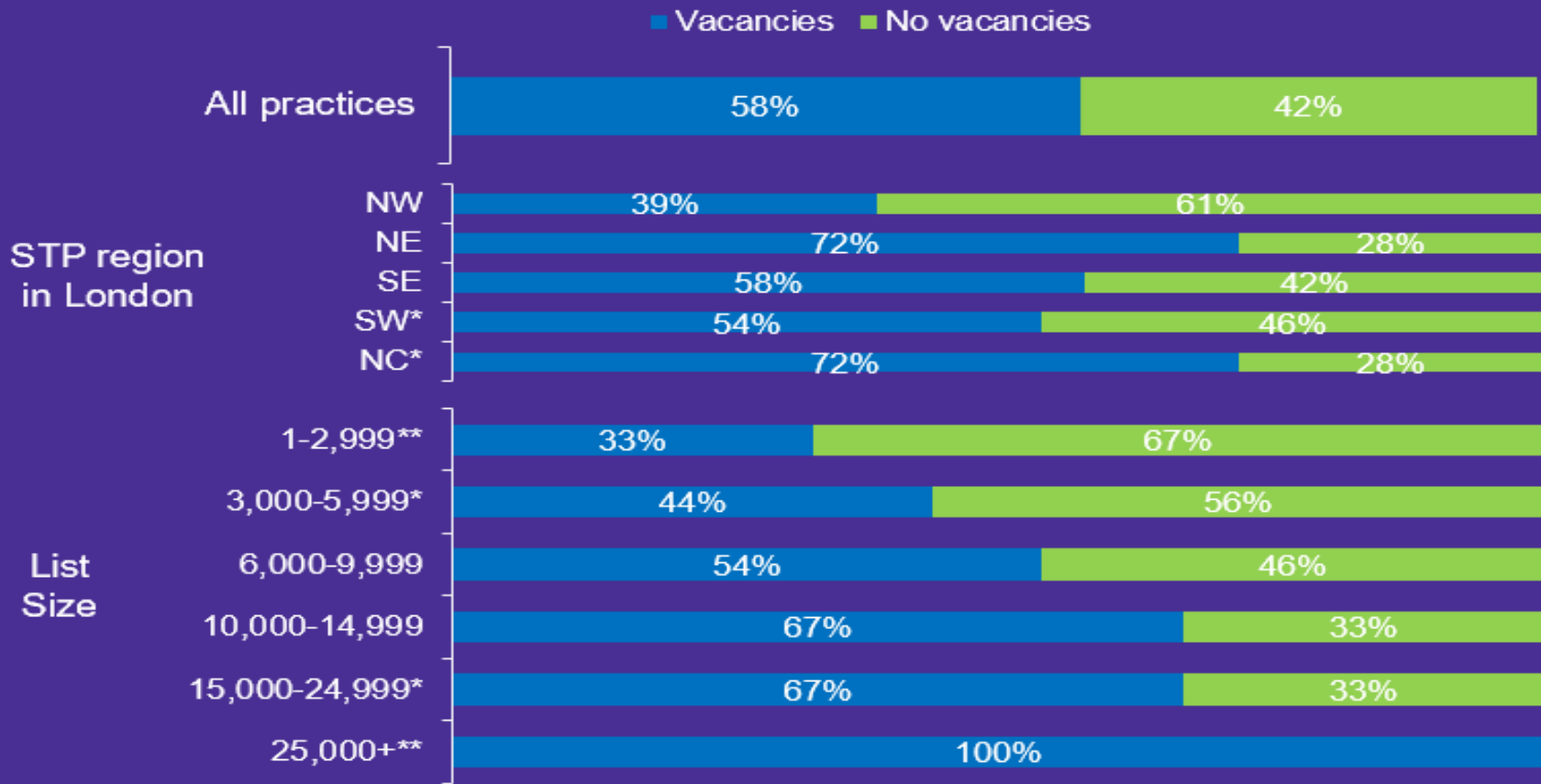
**More than two in five practices have current vacancies. Vacancies tend to be more likely in the South East and South West STP regions, and the likelihood of having vacancies increases with list size except for 1-2,999 and 25,000+ (very small base size)**



Q5. Does the practice currently have any GP / practice nurse vacancies, or other vacancies? Base: All practices (n=234), SE (n=65), SW (n=28\*), NC (n=41\*), NW (n=91), NE (n=48\*), 1-2,999 (n=1\*\*), 3,000-5,999 (n=30\*), 6,000-9,999 (n=106), 10,000-14,999 (n=59), 15,000-24,999 (n=35\*), 25,000+ (n=3\*\*)

# Compare previous slide - December 2023 With this slide - June 2023

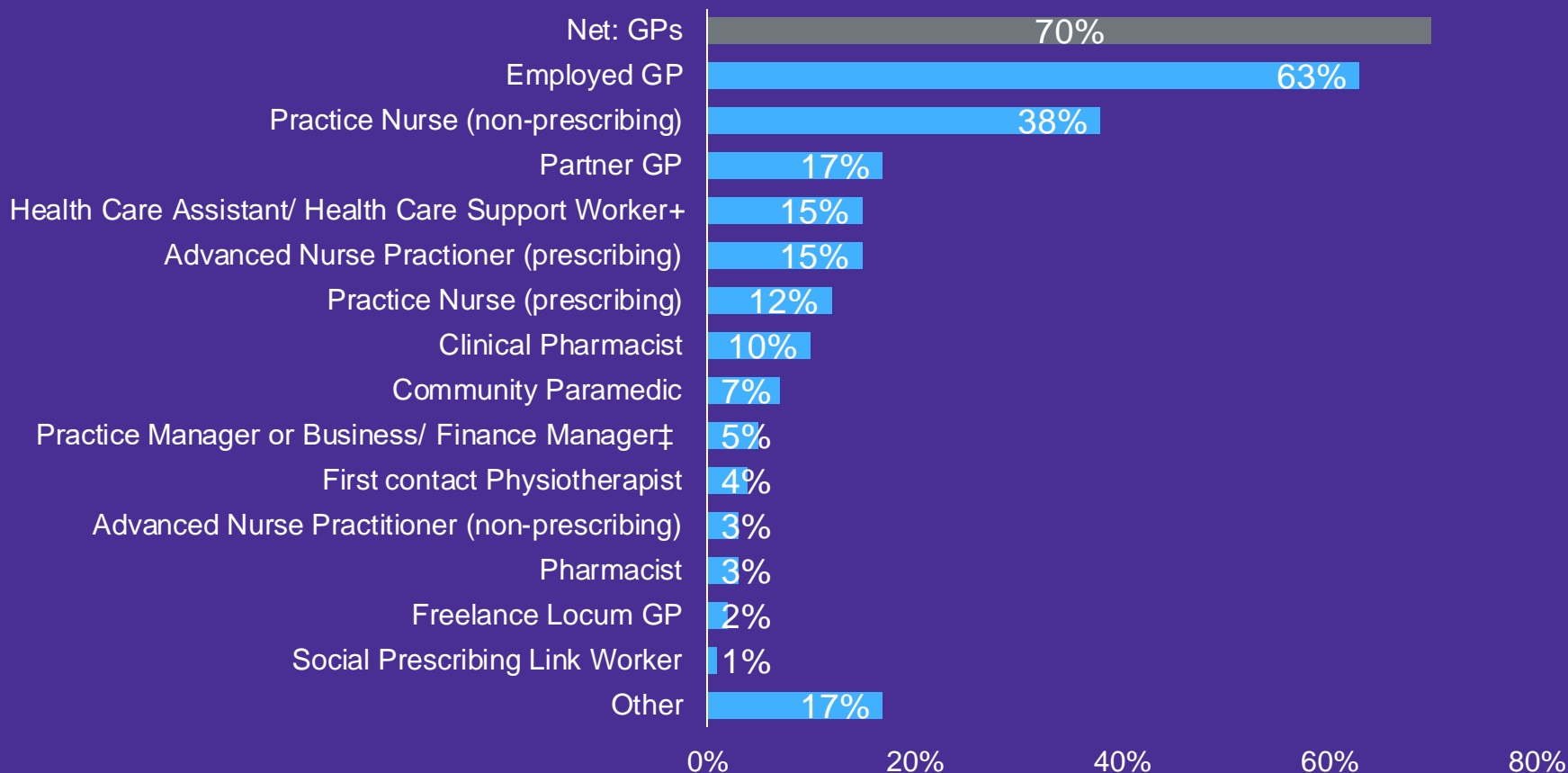
**Three in five practices have current vacancies. Vacancies tend to be more likely in the North Central and North East STP regions, and the likelihood of having vacancies increase with list size.**



Q5. Does the practice currently have any GP / practice nurse vacancies, or other vacancies? Base: All practices (n=244), SE (n=56), SW (n=28\*), NC (n=37\*), NW (n=65), NE (n=58), 1-2,999 (n=6\*\*), 3,000-5,999 (n=36\*), 6,000-9,999 (n=94), 10,000-14,999 (n=67), 15,000-24,999 (n=37\*), 25,000+ (n=3\*\*)

## Employed GPs and non-prescribing practice nurses are the most common form of vacancy, with seven in ten practices reporting any type of GP vacancy.

Showing most common unfilled posts among practices that currently have vacancies



Q6a. What positions, if any, are currently vacant at the practice? Base: All practices that have current vacancies (n=103)

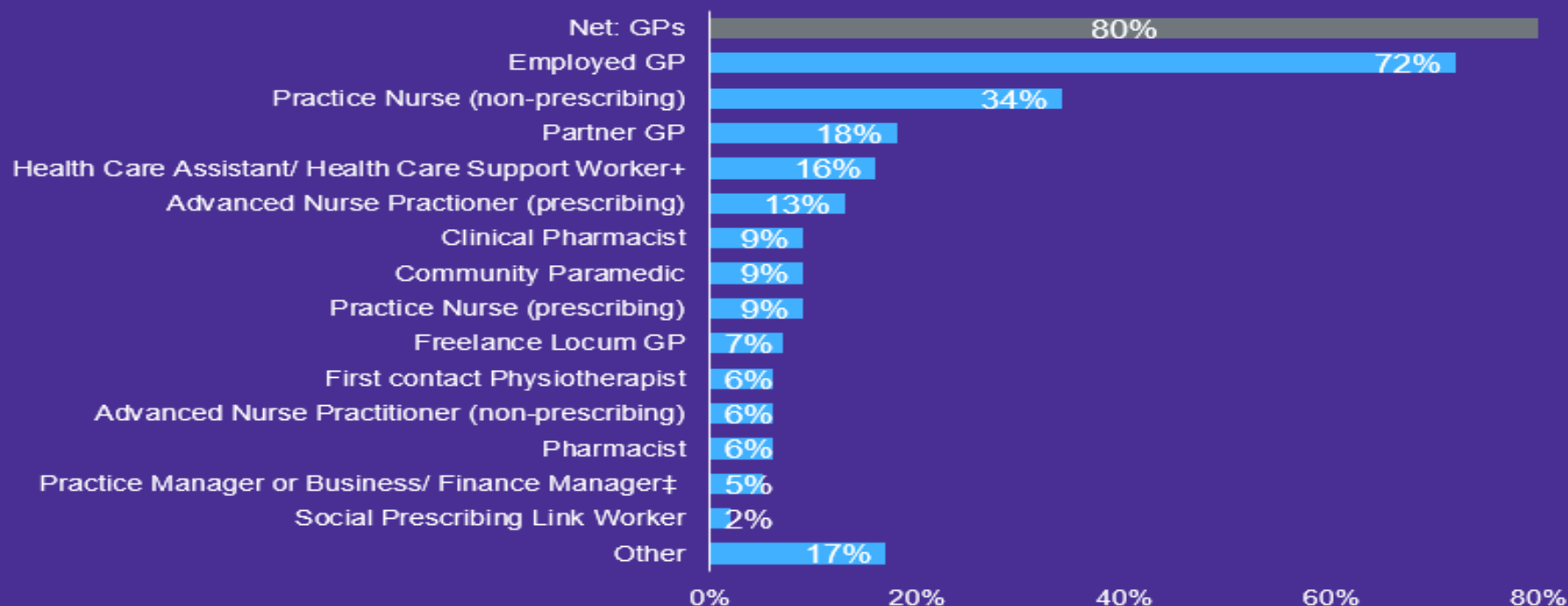
+ Updated from 'Health Care Assistant' to 'Health Care Assistant / Health Care Support Worker' in Wave 7

‡ Updated from 'Practice manager' to 'Practice Manager or Business/Finance Manager' in Wave 8

# Compare previous slide - December 2023 With this slide - June 2023

**Employed GPs and non-prescribing practice nurses are the most common form of vacancy, with four in five practices reporting any type of GP vacancy.**

Showing most common unfilled posts among practices that currently have vacancies



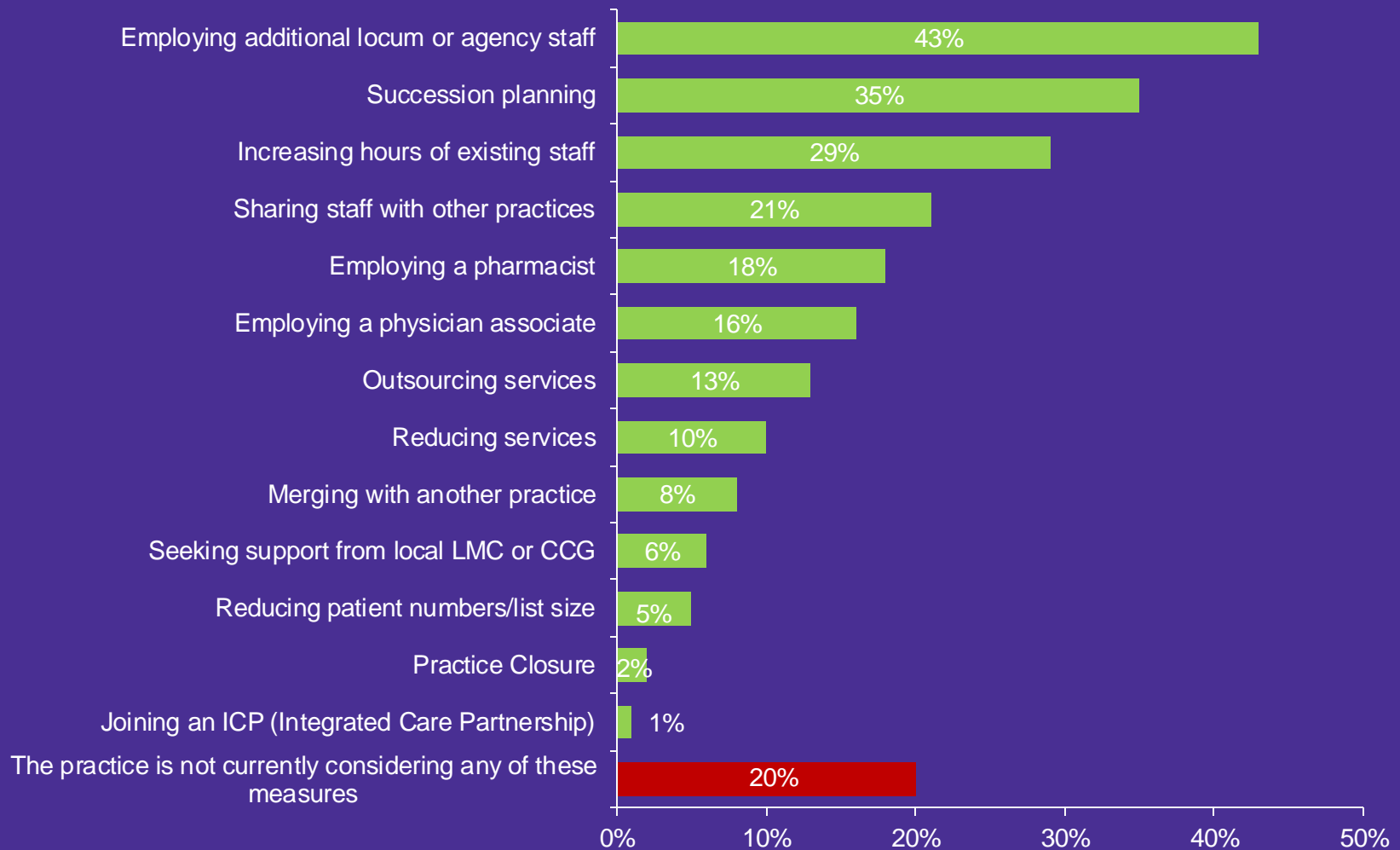
Q6a. What positions, if any, are currently vacant at the practice? Base: All practices that have current vacancies (n=141)

+ Updated from 'Health Care Assistant' to 'Health Care Assistant / Health Care Support Worker' in Wave 7

‡ Updated from 'Practice manager' to 'Practice Manager or Business/Finance Manager' in Wave 8



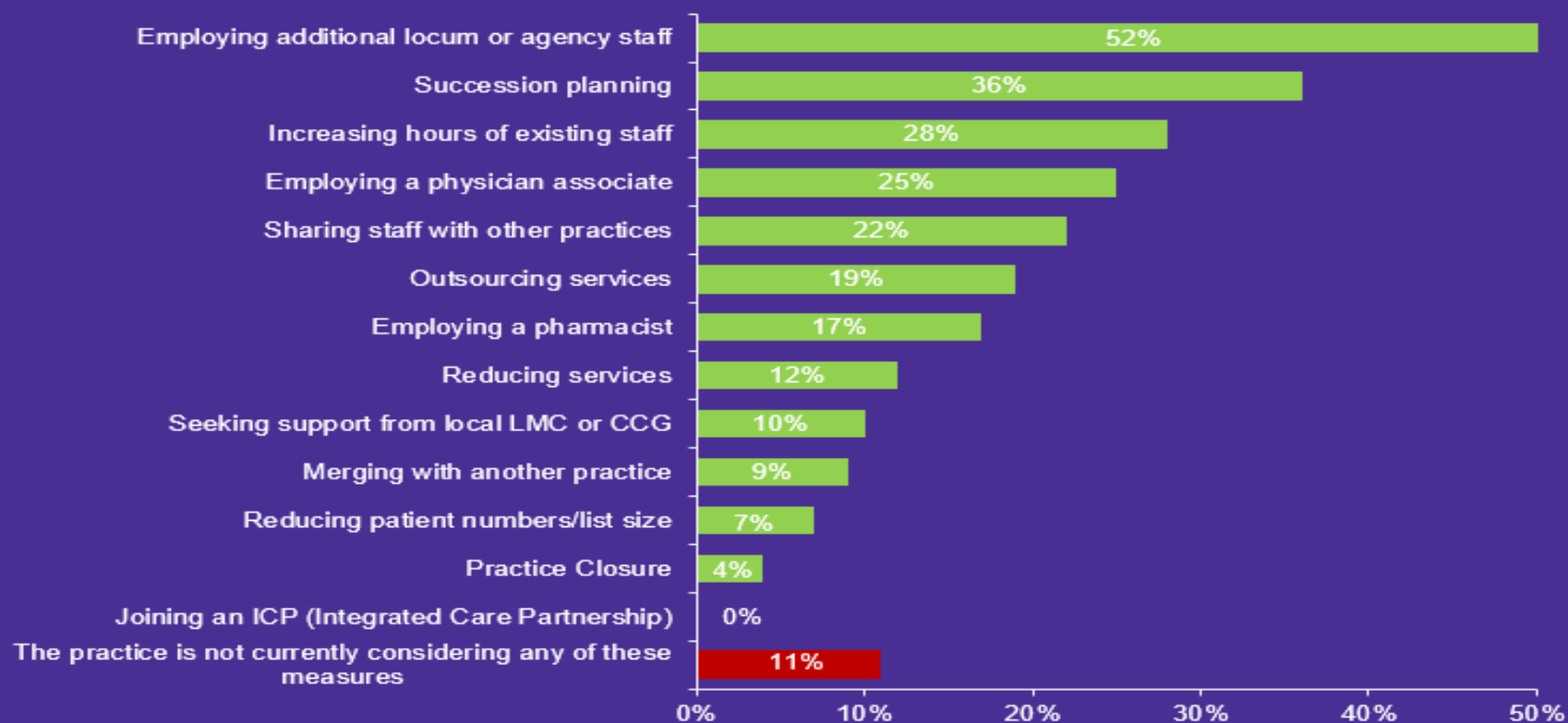
**More than two in five practices are considering employing additional locum or agency staff to manage future and current vacancies, while one in five practices are not considering any of the provided measures.**



Q7. What actions are currently being considered within your practice to manage current and future vacancies? Base: All practices (n=234)

# Compare previous slide - December 2023 With this slide - June 2023

Half of practices are considering employing additional locum or agency staff to manage future and current vacancies, with one in ten practices not considering any of the provided measures.



Q7. What actions are currently being considered within your practice to manage current and future vacancies? Base: All practices (n=244)

# There are 5 practices which say that they are either considering closure or planning to terminate their GP contract in the next 3 years, with 2 in North West and 2 in North East STP areas.

Borough	# Practices Considering Closure	# Practices Planning to terminate GP Contract in next 3 years	# Practices Considering Closure OR Planning to Terminate GP Contract
Barnet	--*	--*	--*
Bexley	--**	--**	--**
Brent	--*	--*	--*
Bromley	--**	--**	--**
Camden	--**	--**	--**
City & Hackney	--*	--*	--*
Ealing	--*	--*	--*
Enfield	--*	--*	--*
Greenwich	--**	--**	--**
Hammersmith & Fulham	--**	--**	--**
Haringey	1**	--**	1**
Harrow	--**	--**	--**
Hillingdon	--**	--**	--**
Hounslow	--*	--*	--*
Islington	--**	--**	--**
Kensington & Chelsea	1**	--**	1**
Lambeth	1*^	--*	1*^
Lewisham	--**	--**	--**
Merton	--**	--**	--**
Newham	--**	--**	--**
Redbridge	1**	--**	1**
Southwark	--**	--**	--**
Sutton	--**	--**	--**
Tower Hamlets	1**^	--**	1**^
Waltham Forest	--**	--**	--**
Wandsworth	--**	--**	--**
Westminster	1*	1*	1*

Area	# Practices Considering Closure	# Practices Planning to Terminate GP Contract in next 3 years	# Practices Considering Closure OR Planning to Terminate GP Contract
SW	0*	0*	0*
NC	1*	0*	1*
NW	2	1	2
SE	1^	0	1^
NE	2*^	0*	2*^
<b>TOTAL**</b>	<b>5^^</b>	<b>1</b>	<b>5^^</b>

Q7. What actions are currently being considered within your practice to help manage current and future vacancies?

Q9. Does the practice have plans to terminate its GP contract in the next three years?

Base: practices in; Barnet (n=11\*), Bexley (n=7\*\*), Brent (n=15\*), Bromley (n=8\*\*), Camden (n=5\*\*), City & Hackney (n=10\*), Ealing (n=19\*), Enfield (n=10\*), Greenwich (n=9\*\*), Hammersmith and Fulham (n=4\*\*), Haringey (n=5\*\*), Harrow (n=5\*\*), Hillingdon (n=7\*\*), Hounslow (n=10\*), Islington (n=7\*\*), Kensington & Chelsea (n=7\*\*), Lambeth (n=13\*), Lewisham (n=9\*\*), Merton (n=7\*\*), Newham (n=7\*\*), Redbridge (n=8\*\*), Southwark (n=9\*\*), Sutton (n=8\*\*), Tower Hamlets (n=6\*\*), Waltham Forest (n=7\*\*), Wandsworth (n=8\*\*), Westminster (n=13\*), SE (n=55), SW (n=23\*), NC (n=38\*), NW (n=80), NE (n=38\*)

\*\*Please see methodological note on data disparity (slide 3)

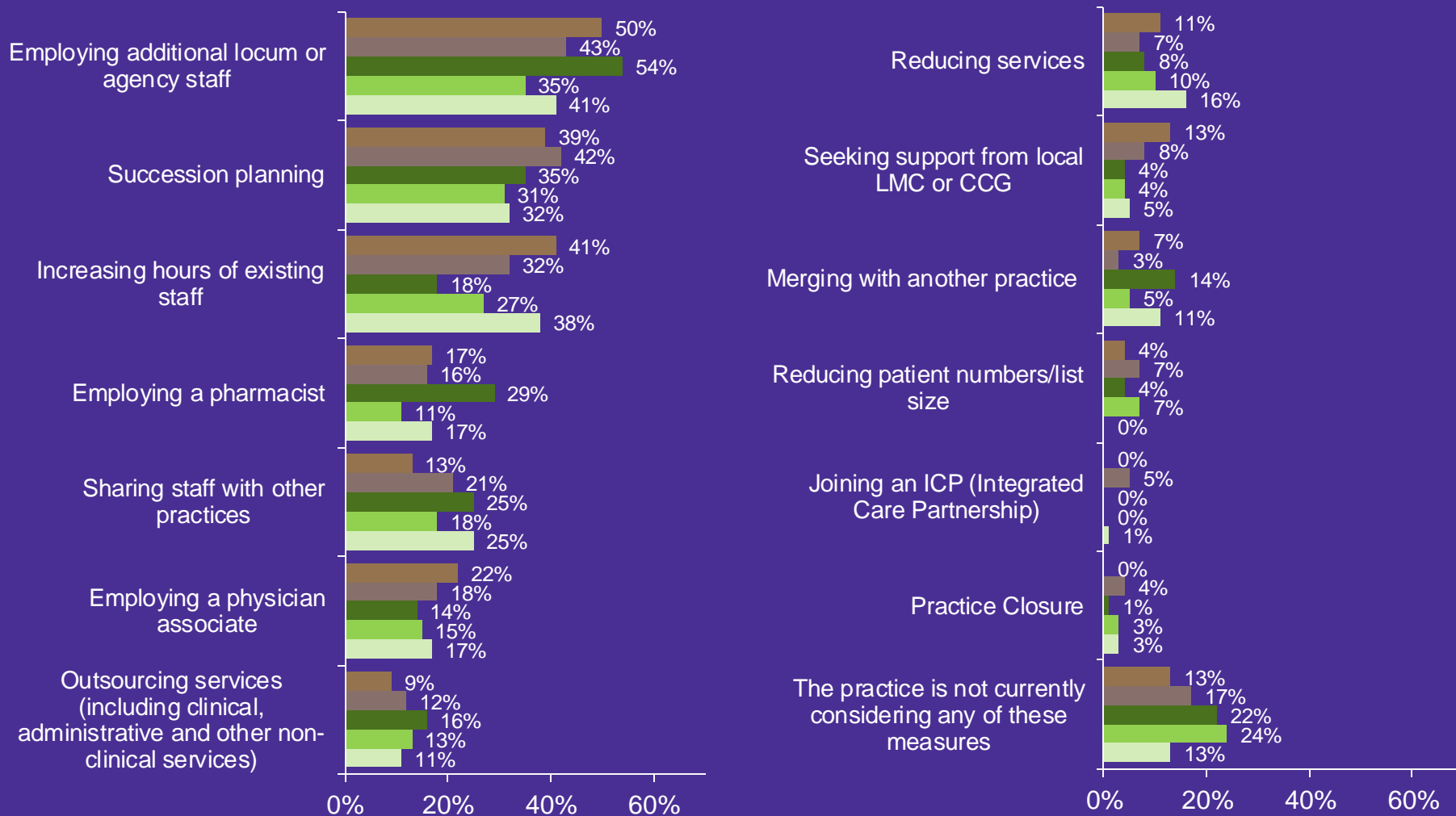
^ N.B. Figures rounded up to 1 from 0.5 as a consequence of weighting

^^ N.B. Data disparity due to weighting and rounding



**Practices in the South West and North Central STP areas are the least likely to say they are not considering any of the actions tested to manage current and future vacancies; those in the North West area are most likely to say this.**

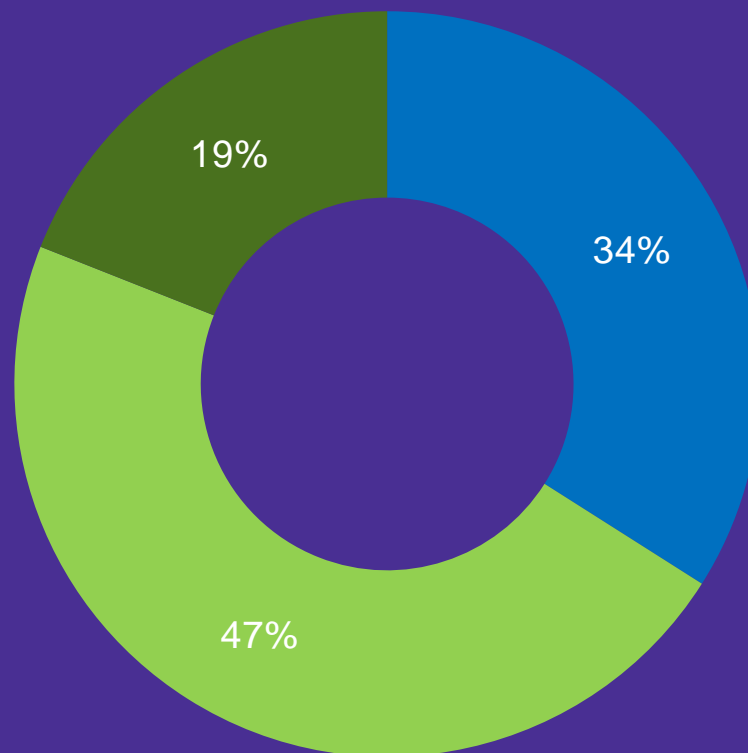
■ SW\* ■ NE\* ■ SE ■ NW ■ NC\*



Q7. What actions are currently being considered within your practice to manage current and future vacancies? Base: SE (n=55), SW (n=23\*), NC (n=38\*), NW (n=80), NE (n=38\*)

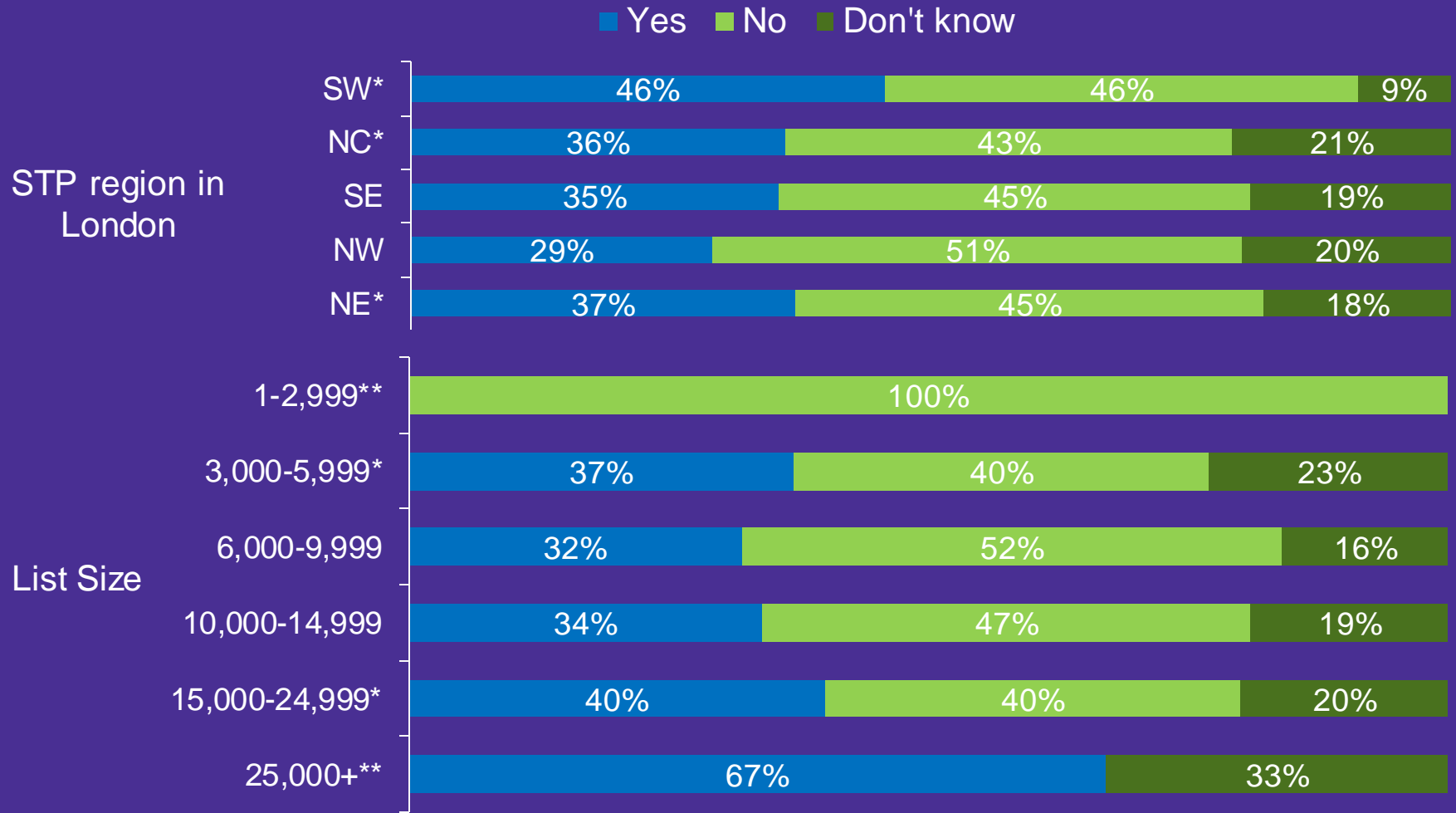
Just under half of all practices have GPs planning to retire in the next three years, while a third say they do not have any GPs planning to retire.

■ Yes      ■ No      ■ Don't know



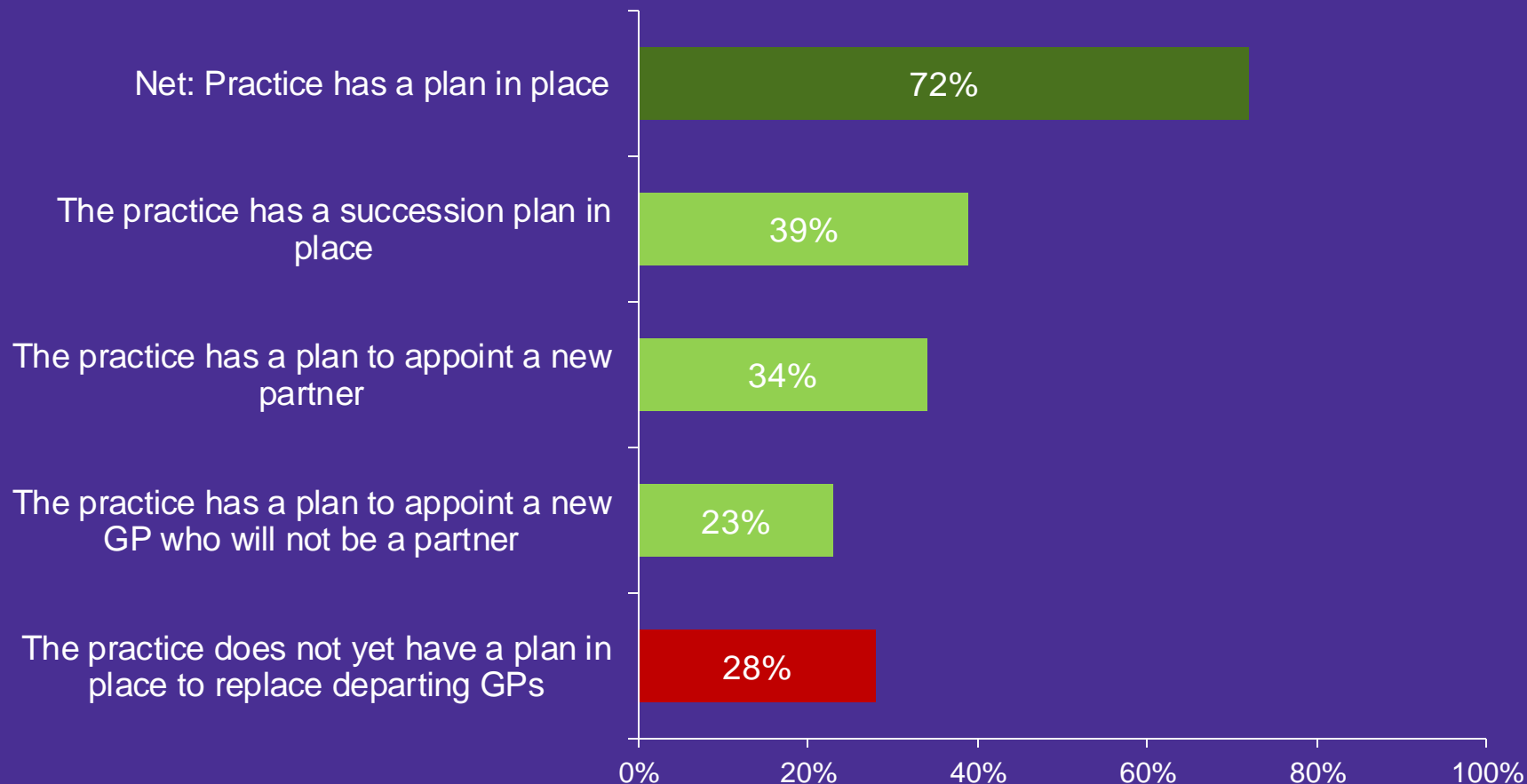
Q8a. Does the practice currently have any GPs planning on retiring in the next 3 years? Base: All practices (n=234)

Practices that have GPs planning to retire in the next 3 years are most likely to be in the South West STP region and tend to have larger list sizes (though these practices with larger list sizes have low to very low base sizes).



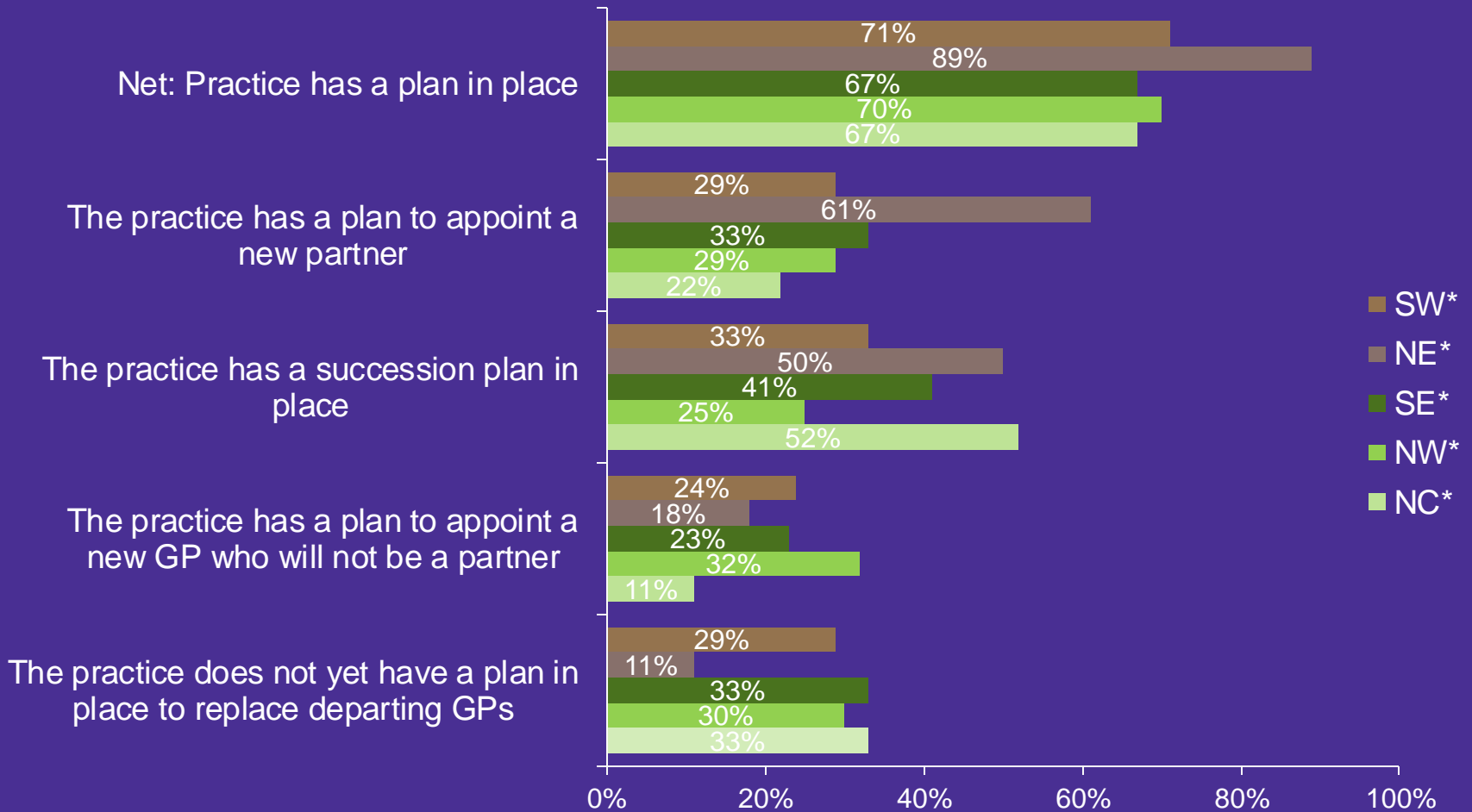
Q8a. Does the practice currently have any GPs planning on retiring in the next 3 years? Base: All practices (n=234), SE (n=55), SW (n=23\*), NC (n=38\*), NW (n=80), NE (n=48\*), 1-2,999 (n=1\*\*), 3,000-5,999 (n=30\*), 6,000-9,999 (n=106), 10,000-14,999 (n=59), 15,000-24,999 (n=35\*), 25,000+ (n=3\*\*)

The majority of practices in Wave 16 say they have some kind of plan in place to replace GPs retiring within the next 3 years, although three in ten do not have a plan in place yet.



Q8b. You said that the practice currently has GPs who are planning to retire within the next 3 years. Which of the following apply to the practice? Base: All practices who said they have GPs planning to retire in the next three years (n=81)

## Practices in the North East STP area are most likely to say they have a plan in place to replace GPs retiring within the next 3 years.

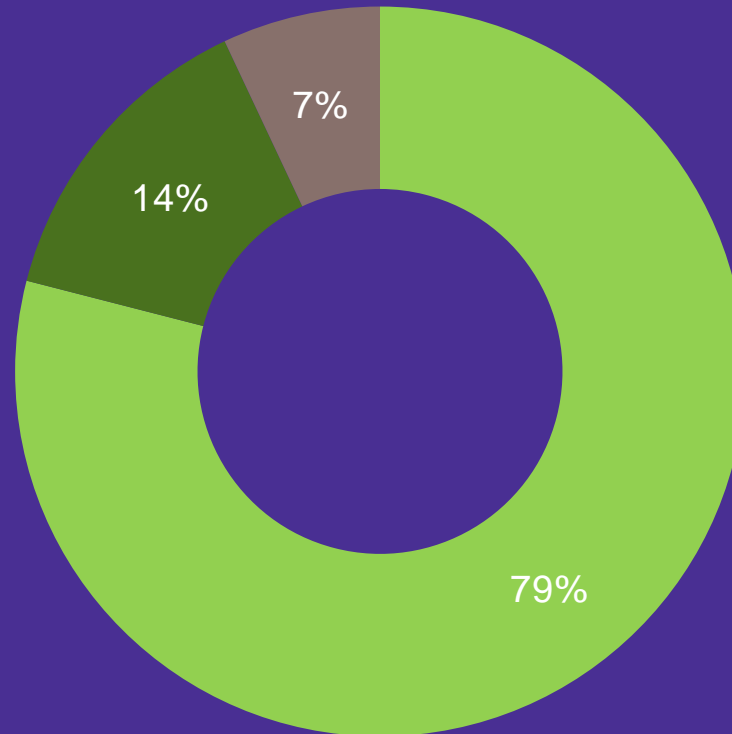


Q8b. You said that the practice currently has GPs who are planning to retire within the next 3 years. Which of the following apply to the practice? Base: All practices with GPs planning to retire in the next three years; SW (n=11\*), NW (n=23\*), NC (n=14\*), NE (n=14\*), SE (n=20\*)



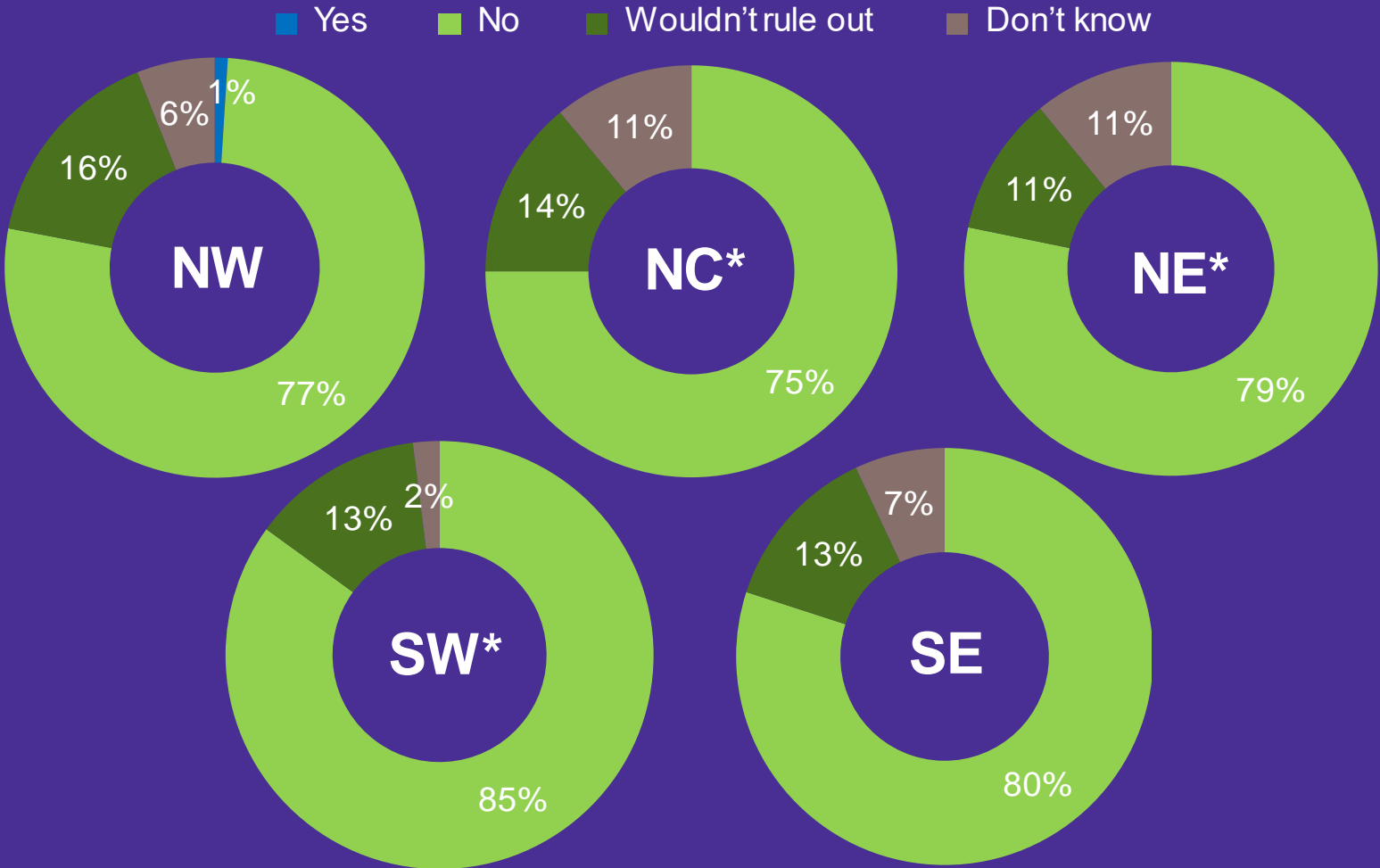
Four in five practices say they have no plans to terminate their GP contract in the next 3 years. More than one in ten would not rule it out, whilst less than one in ten are unsure.

■ Yes   ■ No   ■ Wouldn't rule out   ■ Don't know



Q9a. Does the practice have plans to terminate its GP contract in the next three years? Base: All practices (n=234)

Only practices in the North West areas say they have plans to terminate their GP contract in the next 3 years, it is also the area most likely to say they wouldn't rule it out. Practices in the South West STP are most likely to have no plans to terminate.

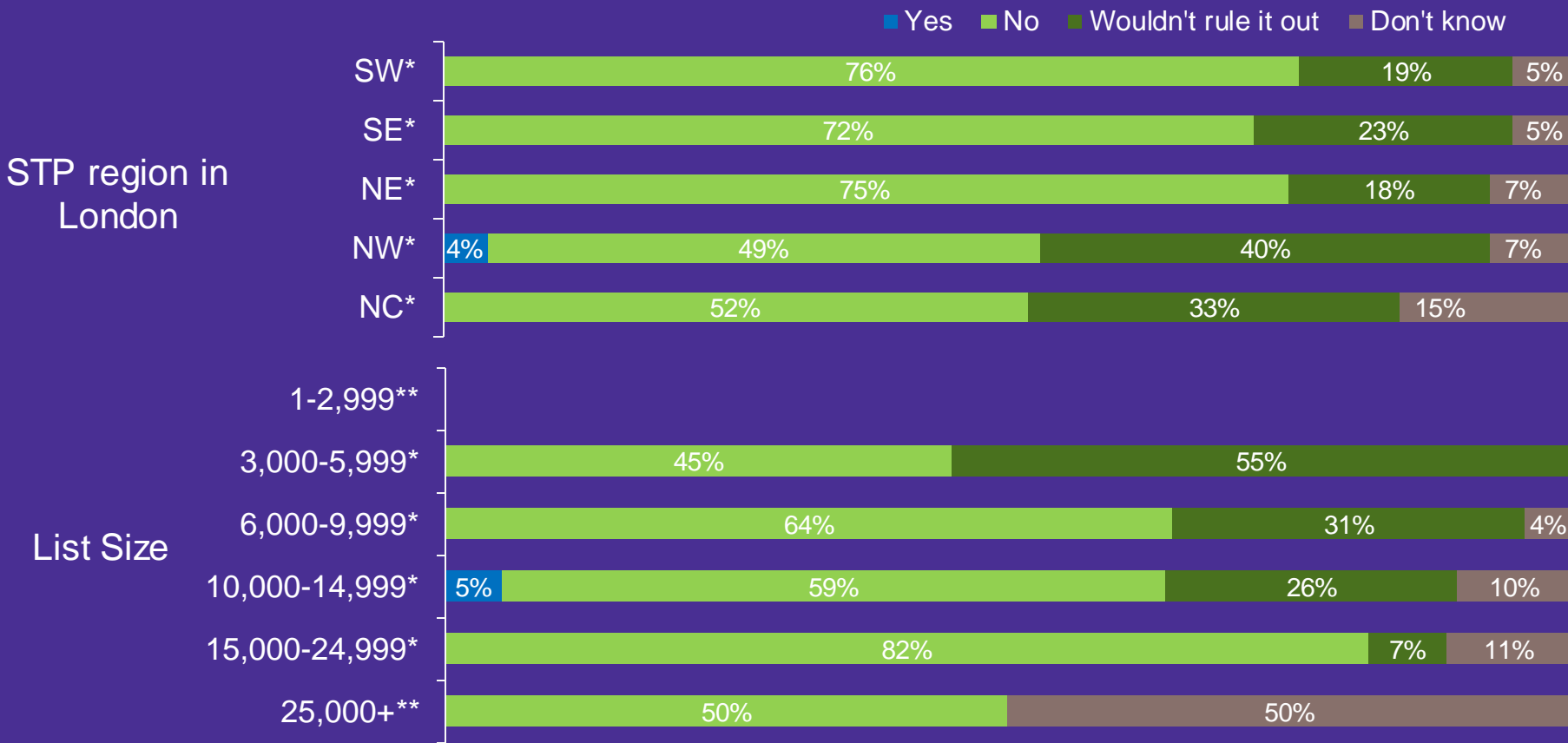


Q9a. Does the practice have plans to terminate its GP contract in the next three years? Base: All practices in SE (n=55), SW (n=23\*), NC (n=38\*), NW (n=80), NE (n=38\*)

\*Please see methodological note on data disparity (slide 3)

# Fewer than one in ten practices in North West STP area with GPs who plan to retire in the next 3 years currently indicate they have plans to terminate their GP contract in the next 3 years.

*Showing plans to terminate GP contracts amongst practices who have any GPs planning to retire within the next three years*



Q9a. Does the practice have plans to terminate its GP contract in the next three years? Base: All practices with GPs planning to retire in the next three years; SW (n=11\*), NW (n=23\*), NC (n=14\*), SE (n=20\*), NE (n=14\*), 1-2,999 (n=0\*\*), 3,000-5,999 (n=11\*), 6,000-9,999 (n=34\*), 10,000-14,999 (n=20\*), 15,000-24,999 (n=14\*), 25,000+ (n=2\*\*)

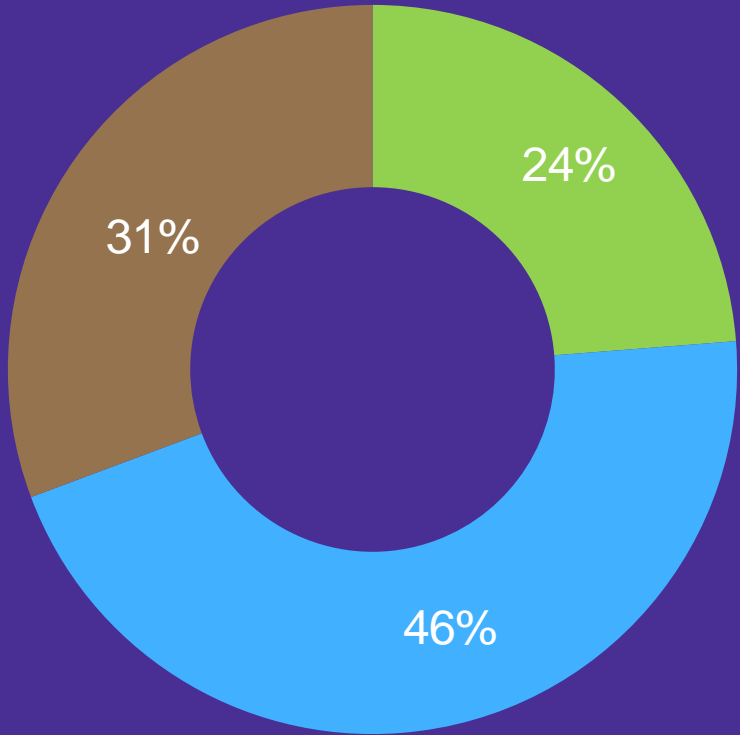
**More than half of practices say pay is a factor preventing or hindering staff recruitment, with 5 of the 9 factors listed registering at least two in five saying it is hindering recruitment. Just over one in ten practices report not facing any challenges in recruitment currently.**



Q10a. What factors, if any, are currently preventing / hindering staff recruitment to the practice? Base: All practices (n=234)

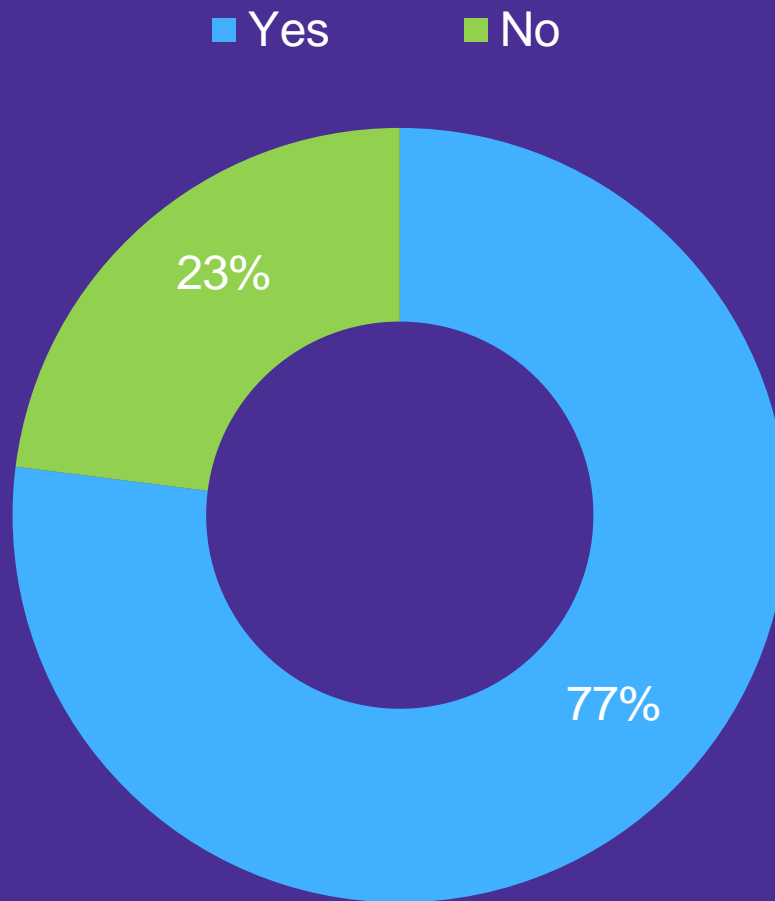
There is a range of opinion from practices in terms of their ability to safely meet patient need over the coming months (until May 2024), with a quarter saying that they are optimistic and a third say the are pessimistic.

■ Optimistic   ■ Neutral   ■ Pessimistic



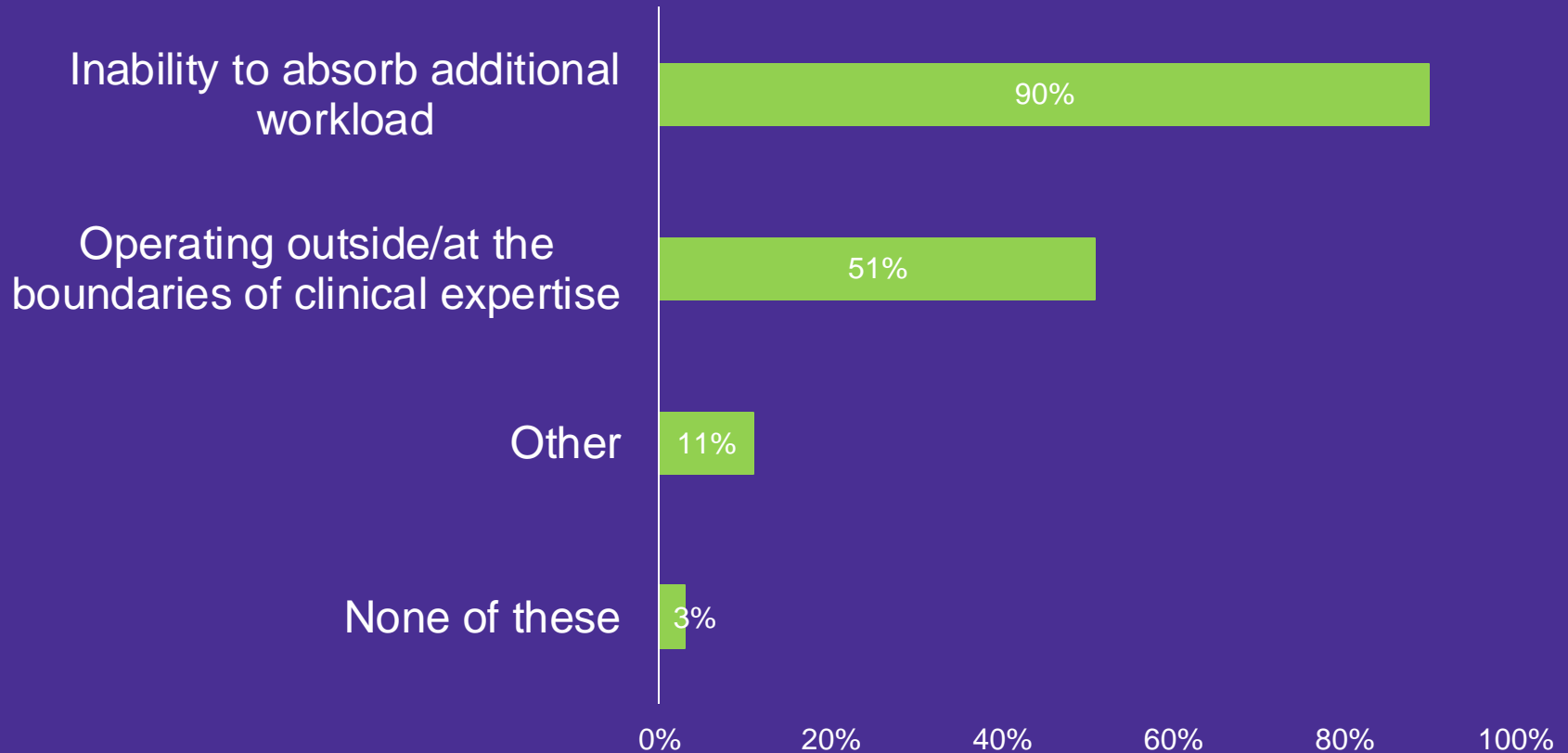
Q48. How do you feel about being able to safely meet patient need over the coming months (until May 2024)? Base: All practices (n=234)

Over three quarters of practices, an increase of 5% on the previous wave, say their ability to deliver safe patient care is being impacted by workload shift from other providers



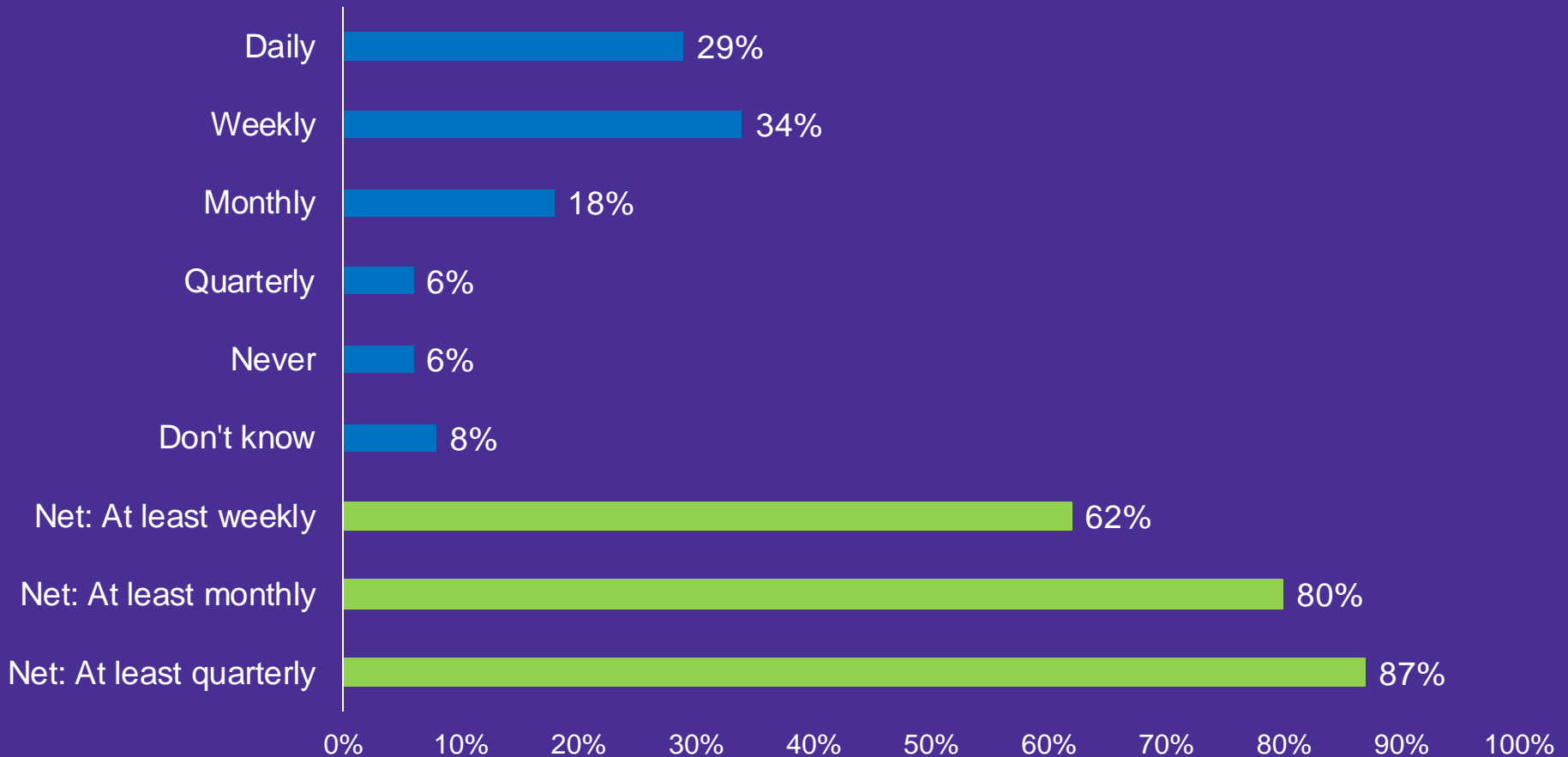
Q54. Is workload shift from other providers impacting on your ability to deliver safe patient care? Base: All practices (n=234)

**Nine in ten practices who say workload shift is impacting their ability to deliver safe patient care cite inability to absorb additional workload as the cause of this**



Q55. In which of the following ways is workload shift from other providers impacting on your ability to deliver safe patient care? Base: All respondents who say workload shift is impacting ability to deliver safe patient care (n=181)

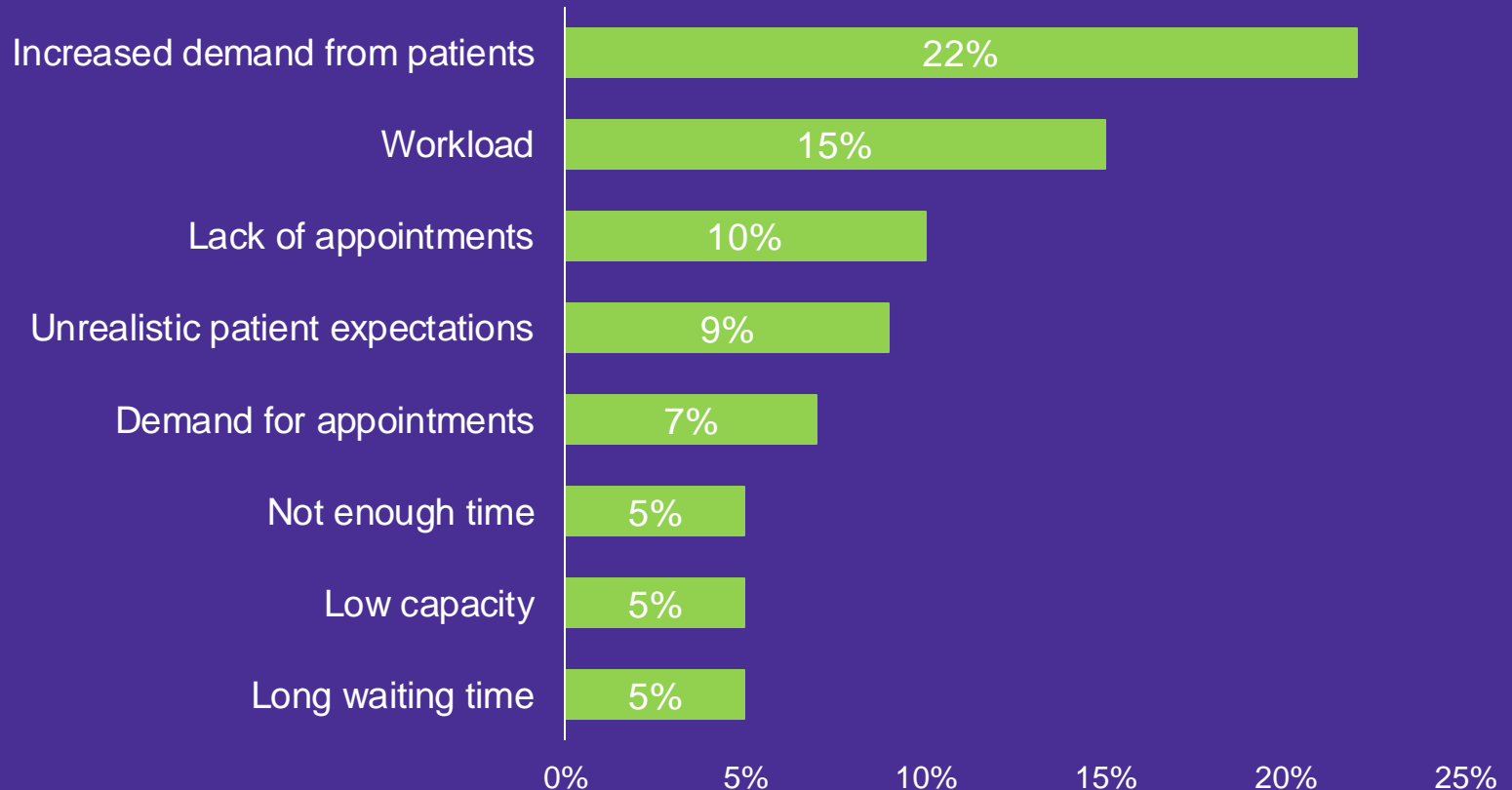
**Three in ten staff express concerns about meeting patient demand safely daily, whilst a third say these concerns are expressed weekly. Fewer than one in ten say concerns are never expressed**



Q56. How frequently do the staff team express concerns about meeting patient demand safely? Base: All practices (n=234)



## Almost a quarter of practices who said staff have concerns about meeting patient demand safely cite increased demand from patients, whilst one in six cite workload

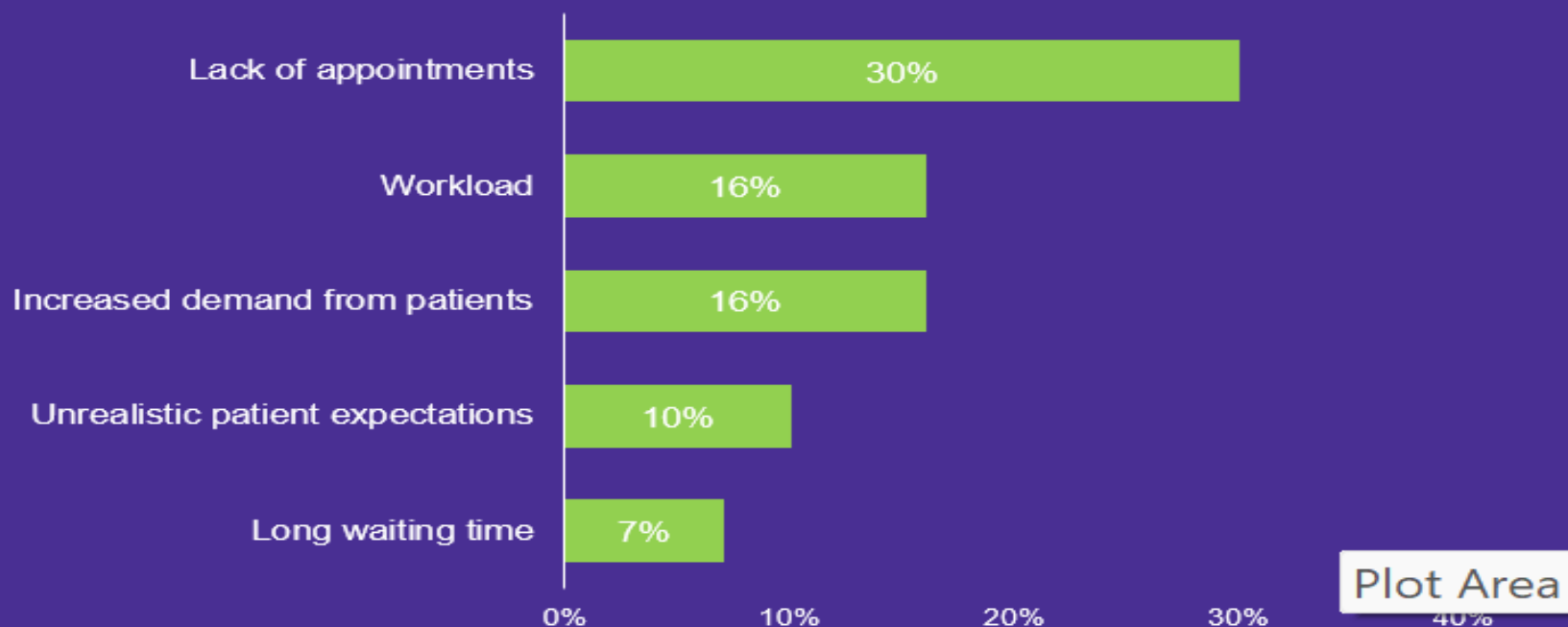


Q57. What concerns are most frequently expressed by the staff team about meeting patient demand safely? Base: All who said staff have concerns about meeting patient demand safely (n=203)

NB: Only responses with bases of 10 or more shown

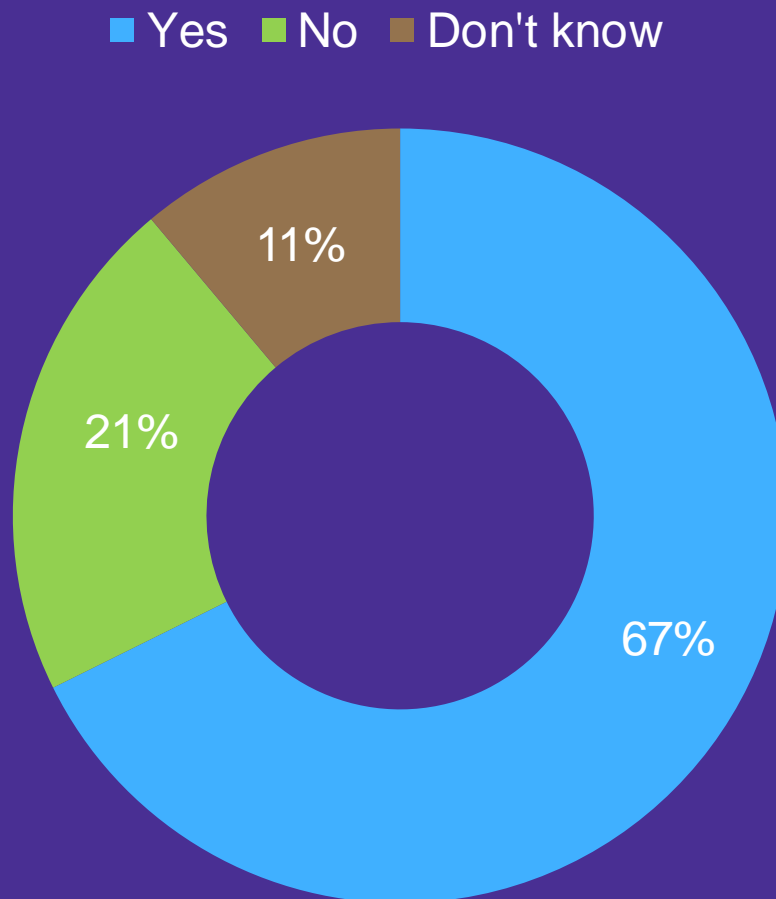
# Compare previous slide - December 2023 With this slide - June 2023

**Three in ten practices who said staff have concerns about meeting patient demand safely cite lack of appointments, whilst one in six cite workload or increased demand from patients**



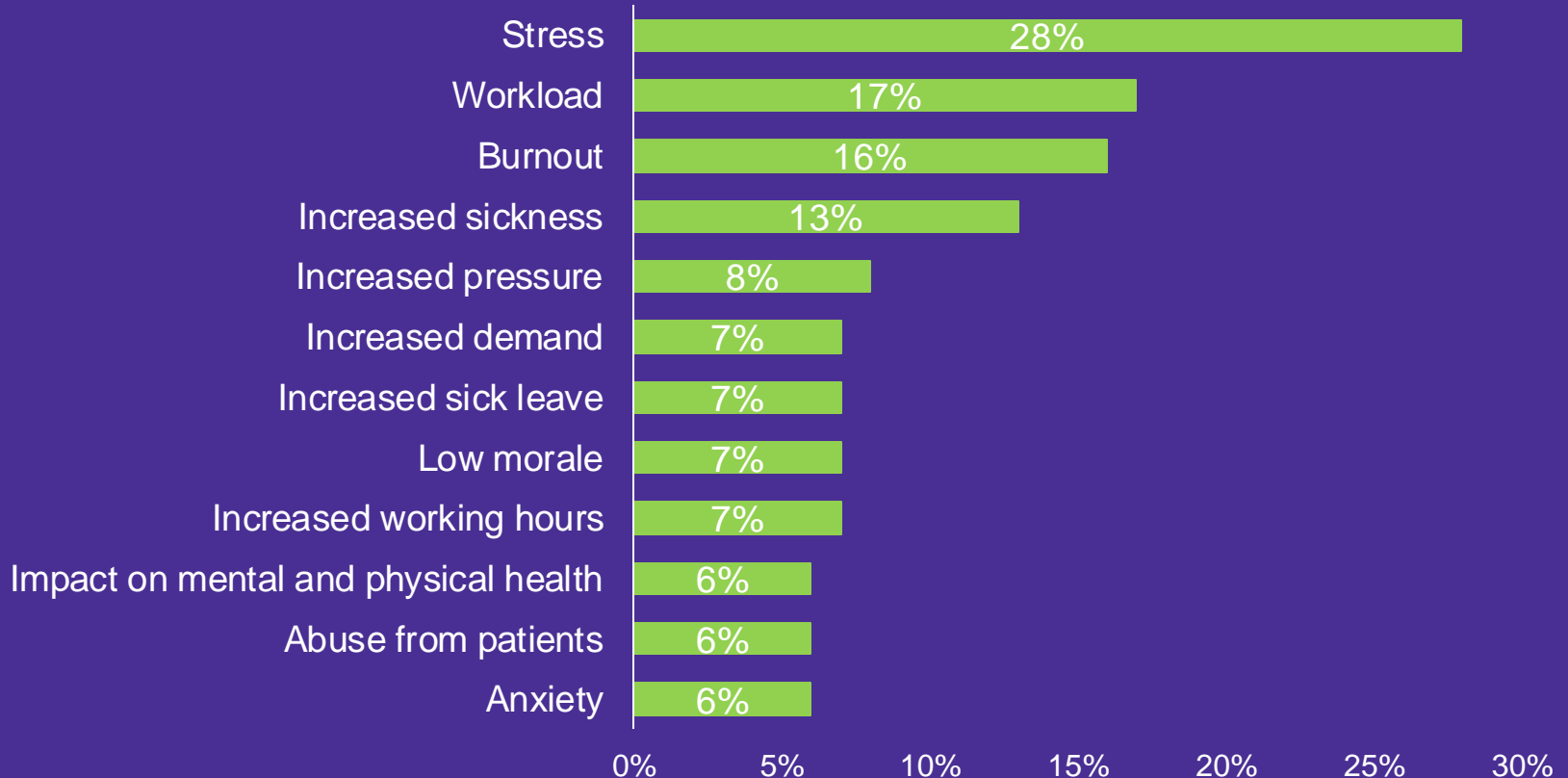
Q57. What concerns are most frequently expressed by the staff team about meeting patient demand safely? Base: All who said staff have concerns about meeting patient demand safely (n=244)  
NB: Only responses with bases of 10 or more shown

Two thirds of practices say that current work pressures are impacting the health (mental and/or physical) of their staff, one in five do not have any concerns



Q58. Do you have concerns that current work pressures are impacting on the health (mental and/or physical) of the staff team? Base: All practices (n=234)

## More than a quarter of practices who have concerns that current work pressures are impacting on the health of the staff team cite stress, while one in six cite workload and burnout



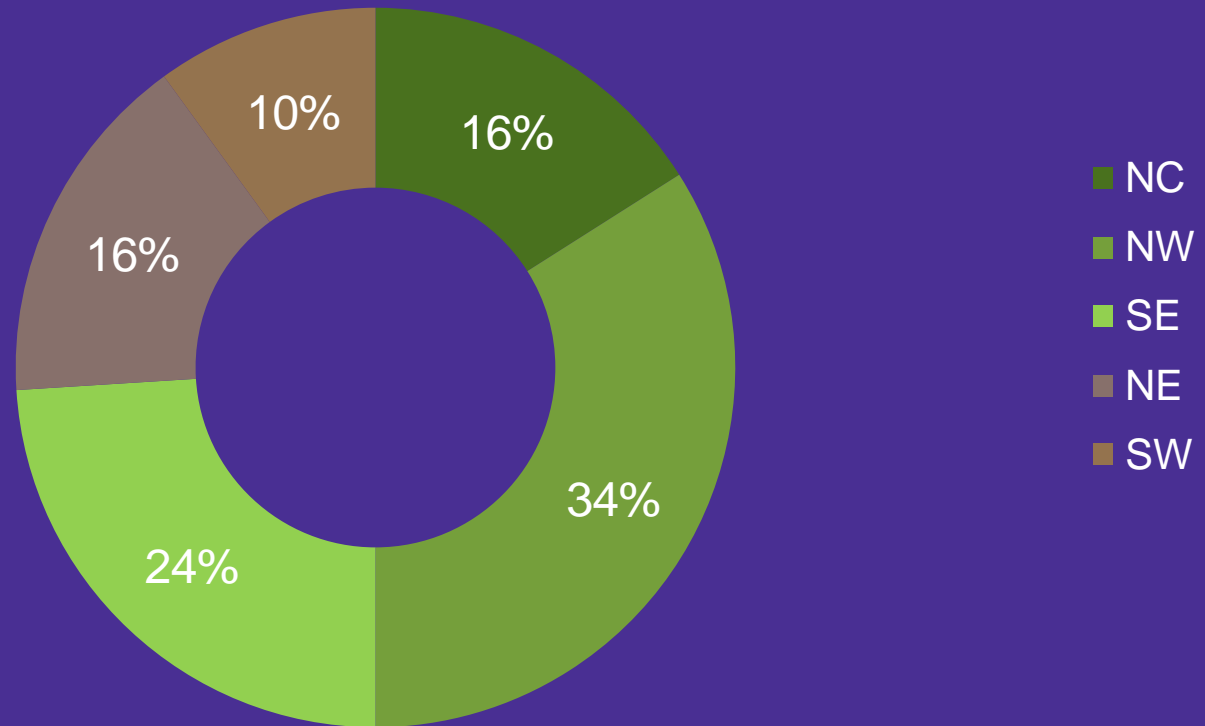
Q58b. What concerns do you have about the current work pressures impacting on the health (mental and/or physical) of the staff team? Base: All who said they have concerns that current work pressures are impacting on the health (mental and/or physical) of the staff team (n=158)

NB: Only responses with bases of 10 or more shown



# APPENDIX

# APPENDIX I: Member Practice Responses by STP region in London



*The LLMC member practices that took part in this survey account for approximately 2,504,500 registered patients across the five London regions. This includes approximately 732,000 patients in NW, 574,000 patients in SE, 463,500 patients in NC, 478,500 patients in NE and 256,500 patients in SW.*

Q1. Which local area is the practice based in? Base: All practices (n=234)